

Pediatric Medicine
52 Timber Lane
South Burlington, VT 05403
802-658-2320 phone
Fax 802-863-6933 pedimedvt.com Email: info@pedimedvt.com

RECORDS RELEASE AUTHORIZATION

I, Nancy J. deMont hereby authorize
(print name of parent/guardian or legal age patient)
the exchange/release of information as indicated below.

Transfer records from Pediatric Medicine : OR Release to share records from Pediatric Medicine to
Provider: _____

OR ☐ Transfer records to Pediatric Medicine from:

Current Provider

Richmond pediatrics
Dr. Paul Parker
Dr. Andrea Tidman

Patient Name: Leila Flanagan D.O.B. 06-04-09

Patient Name: _____ D.O.B. _____

Patient Name: _____ D.O.B. _____

Guardian/Patient Contact Information: Phone: 802-793-1430 E Mail: NancyJdeMont@gmail.com
Address: 1241 Taber Hill Rd.
Stowe, VT 05672

Please indicate reason for request:

____ Moving ____ Transfer due to age ____ Other Continuing care w/ current
If moving, please indicate date needed by: Pediatrician, Dr. Tidman

Please note:

- Records will be released to **parent, guardian or legal age patient**. If patient is 18 years or older, the patient needs to sign this release.
- Picture identification may be required
- There is a fee for copying this medical record for transfer.

Nancy J. deMont
Parent/Guardian or Patient Signature

3/19/23
Date